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CONFIRMATION NO. 8954

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/810,445	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b> 1.47	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> EV31009US
<b>APPLICANTS</b> Cathleen von Lehe, Maple Grove, MN; Richard S. Kusleika, Eden Prairie, MN; Brooke Ren, Maple Grove, MN; Thomas L. Clubb, Hudson, WI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,884 03/28/2003 and claims benefit of 60/508,437 10/03/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 009561				
<b>TITLE</b> Double ended intravascular medical device				
<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	